

County: \_\_\_\_\_ School No: \_\_\_\_\_

Approved by the State Board of Accounts, 2005  
for Indiana Department of Education

Name: \_\_\_\_\_

**FINANCIAL ASSISTANCE FOR STUDENTS  
TEXTBOOK REIMBURSEMENT 2006-2007 SCHOOL YEAR**

Col 1	Col 2	Col 3	Col 4	Col 5	Col 6
Grade Level	Number of Eligible Students	Total Cost of Textbooks	x 0.20 = Total Textbook Entitlement	+ Total Cost of Consumable Textbooks & Workbooks	= Total Amount Claimed (4 + 5)
K	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
1	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
2	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
3	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
4	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
5	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
6	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
7	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
8	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
9	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
10	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
11	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
12	_____	\$ _____	x 0.20 = \$ _____	+ \$ _____	= \$ _____
TOTAL	_____	\$ _____	\$ _____	+ \$ _____	= \$ _____

The undersigned certify that this report is true and accurate in accordance with IC 20-8.1-9 in every respect to the best of their knowledge and belief, and that no part of same has been paid by the State.

_____	_____	_____	( ) _____
Date	Signature of Principal	Preparer's Signature	Phone Number

**Return to:** Indiana Department of Education  
Office of Financial Management, Analysis, and Reporting  
Room 229, State House, Indianapolis, IN 46204-2798

**CLAIM MUST BE RECEIVED  
ON OR BEFORE OCTOBER 31, 2005**